



Commissioner of Patents  
BOX AMENDMENT – NO FEE  
Washington, DC 20231

### CERTIFICATE OF TRANSMISSION BY FACSIMILE

Applicant(s): John F. Stone

Docket No.: 36435.0100

Serial No.: 09/498,135

Filed: February 4, 2000

Title: CHROMOSOME-BASED METHOD FOR  
FACILITATING DISEASE DIAGNOSIS

Examiner: Enewold Goldberg, J.  
Group Art 1655  
Unit:

Date: March 14, 2001

I hereby certify that the enclosed Response and Amendment is being transmitted via facsimile pursuant to 37 C.F.R. §1.8 and 37 C.F.R.1.6(d), to the attention of Attn: Examiner Jeanine A. Enewold Goldberg at Facsimile No. (703) 305-3014.

By Allis Brown  
Signature of person transmitting via facsimile



AF/1655

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	09/498,135
Filing Date	2/4/2000
First Named Inventor	STONE
Group Art Unit	1655
Examiner Name	Enewold Goldberg, J.

Attorney Docket Number

36435.0100

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Cynthia A. Pillote, Esq., Reg. No. 42,999 Snell & Wilmer, L.L.P.
Signature	
Date	3/14/2001

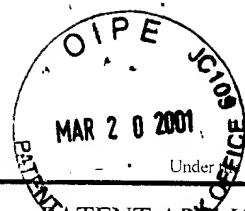
### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

3/14/2001

Typed or printed name	Allis Brown
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Date	3/14/2001

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## PATENT AND TRADEMARK OFFICE

Application or Docket Number

09/498,135

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
BASIC FEE (37 CFR 1.16(a))				
TOTAL CLAIMS (37 CFR 1.16(c))	17	minus 20 = * -3		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				
* If the difference in column 1 is less than zero, enter "0" in column 2				
			RATE	RATE
			\$ 355	\$
			x \$ 3 =	-9
			x 40 =	0
			+ 0 =	0
			TOTAL	\$346
			OR	TOTAL

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
Total (37 CFR 1.16(c))	* 17	Minus	** 20	= 0	
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
				RATE	ADDITIONAL FEE
				x \$ 9 =	0
				x 40 =	0
				+ 0 =	0
				TOTAL	\$0
				OR	TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 16	Minus	** 20	= 0	
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
				RATE	ADDITIONAL FEE
				x \$ 9 =	0
				x 40 =	0
				+ 0 =	0
				TOTAL	\$0
				OR	TOTAL ADDIT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 16	Minus	** 20	= 0	
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
				RATE	ADDITIONAL FEE
				x \$ 9 =	0
				x 40 =	0
				+ 0 =	0
				TOTAL	\$0
				OR	TOTAL ADDIT. FEE

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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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